

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90147 006 ***150.00

DOCUMENT # P01000117232

1. Entity Name

CARIBBEAN PROCUREMENT SOLUTIONS INC.

Principal Place of Business

**10865 SW 112TH AVE.
 UNIT 309
 MIAMI FL 33176**

Mailing Address

**10865 SW 112TH AVE.
 UNIT 309
 MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1158933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, CALIXTO
 10300 SW 112TH AVE
 SUITE 158
 MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ANDREWS, GLORIA		
STREET ADDRESS	10865 SW 112TH AVE. UNIT 309		
CITY-ST-ZIP	MIAMI FL 33176		
TD	O'CONNOR, ANTHONY		
STREET ADDRESS	10865 SW 112TH AVE. UNIT 309		
CITY-ST-ZIP	MIAMI FL 33176		
D	ESLER, MARY E		
STREET ADDRESS	10865 SW 112TH AVE. UNIT 309		
CITY-ST-ZIP	MIAMI FL 33176		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

305 270 1004

Date

Daytime Phone #

CR2E034 (9/01)